



MINNESOTA DEPARTMENT OF PUBLIC SAFETY

Bureau of Criminal Apprehension Forensic Science Laboratory - St. Paul 1430 Maryland Avenue East St. Paul, MN 55106

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An ASCLD/LAB Accredited Laboratory

To:

St. Paul Police Department

367 Grove Street

St. Paul, MN 55101

Lab No.

S09-05767

Report No.

Attention: John Bandemer

REPORT ON THE EXAMINATION OF PHYSICAL EVIDENCE

Nuclear DNA

09/04/2009

Laboratory Number:

S09-05767

Requesting Agency:

St. Paul Police Department

Section Reporting:

Nuclear DNA

Agency Case Number:

08044622

Case Type:

Criminal Sexual Conduct

County:

Ramsey

Haji Osman Salad; Andrew NMN Kayachith; Abdikarim Osman Ali; Abdullahi Sade Afyare; Mustaf Principals: Ali Jama; Yassin Abdirahman Yusuf

Description of Submitted Evidence:

Item	Type and Packaging	Description/Source
18	sexual assault evidence kit	
19	One brown paper bag containing evidence classified as	jeans belonging to
	pants	
20	One envelope containing evidence classified as a known	Abdullahi Sade Afyare
	DNA sample collection kit	
21	DNA Buccal Swab Kit	Abdikarim Osman Ali
22	One envelope containing evidence classified as a known	Andrew NMN Kayachith
	DNA sample collection kit	
23	One envelope containing evidence classified as a known	Mustaf Ali Jama
	DNA sample collection kit	
24	DNA Buccal Swab Kit	Yassin Abdirahman Yusuf
25	One envelope containing evidence classified as a known	Abdiralıman Abdirizake Hersi
	DNA sample collection kit	
26	One envelope containing evidence classified as a known	Haji Osman Salad
	DNA sample collection kit	

Results of Laboratory Examination:

DNA profiling* was performed on semen previously identified on swabs of outer labia (Item 18B-3) and cuttings taken from the pants (Items 19-1 and 19-3). DNA profiling* was also performed on DNA obtained from known samples from (Item 18A), Abdullahi Sade Afyare (Item 20), Abdikarim Osman Ali (Item 21), Andrew NMN Kayachith (Item 22), Mustaf Ali Jama (Item 23), and Yassin Abdirahman Yusuf (Item

The DNA profile obtained from the sperm cell fraction of Item 18B-3 is consistent with being a mixture of DNA from two or more individuals. A predominant male DNA profile was obtained from the sperm cell fraction of Item 18B-3 that matches the DNA profile obtained from Abdikarim Osman Ali and does not match the DNA profiles obtained from Abdullahi Sade Afyare, Andrew NMN Kayachith, Mustaf Ali Jama, and Yassin Abdirahman Yusuf. The predominant DNA profile obtained from the sperm cell fraction of Page 1 of 3

GOVERNMENT EXHIBIT

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Item 18B-3 would not be expected to occur more than once among unrelated individuals in the world population. Abdullahi Sade Afyare, Andrew NMN Kayachith, Mustaf Ali Jama, and Yassin Abdirahman Yusuf are excluded from being a contributor to the DNA mixture obtained from the sperm cell fraction of Item 18B-3.

Minor DNA types obtained from the sperm cell fraction of Item 18B-3 were consistent with being from Further comparisons can be made to this DNA mixture if known samples from pertinent individuals are submitted to the BCA Laboratory.

The DNA profile obtained from the sperm cell fraction of Items 19-1 and 19-3 matches the DNA profile obtained from Abdikarim Osman Ali and does not match the DNA profile obtained from Abdullahi Sade Afyare, Andrew NMN Kayachith, Mustaf Ali Jama, and Yassin Abdirahman Yusuf. The DNA profile obtained from the sperm cell fractions of Item 19-1 and 19-3 would not be expected to occur more than once among unrelated individuals in the world population.

The DNA profile obtained from the non-sperm cell fraction of Item 19-1 is consistent with being a mixture of DNA from two or more individuals. Abdikarim Osman Ali cannot be excluded from being a possible contributor to the DNA mixture obtained from the non-sperm cell fraction of Item 19-1. It is estimated that 99.999991% of the general population can be excluded from being contributors to this DNA mixture.

Abdullahi Sade Afyare, Andrew NMN Kayachith, Mustaf Ali Jama, and Yassin Abdirahman Yusuf are excluded from being a contributor to the DNA mixture obtained from the non-sperm cell fraction of Item 19-1. Further comparisons can be made to this DNA mixture if known samples from pertinent individuals are submitted to the BCA Laboratory.

The DNA profile obtained from Item 19-3 is consistent with being a mixture of DNA from two or more individuals. A predominant DNA profile, indicated as female, was obtained from the non-sperm cell fraction of Item 19-3 that matches the DNA profile obtained from and does not match the DNA profiles obtained from Abdikarim Osman Ali, Abdullahi Sade Afyare, Andrew NMN Kayachith, Mustaf Ali Jama, and Yassin Abdirahman Yusuf. The predominant DNA profile obtained from the non-sperm cell fraction of Item 19-3 would not be expected to occur more than once among unrelated individuals in the world population. Due to insufficient genetic information, no statement can be made regarding the source of the minor DNA types obtained from the non-sperm cell fraction of Item 19-3.

Additional DNA testing will be performed on selected items. Please notify the Biology Section of the BCA Laboratory if you have not received a report within 2 month of the date of this report. If it is determined that additional DNA analysis is not needed, please notify the Biology Section of the BCA Laboratory.

I hereby certify that the above report is true and accurate and represents my opinions and interpretations.

Katharine Lentz-Lockhart Forensic Scientist

*DNA loci tested using PCR: D8S1179, D21S11, D7S820, CSF1P0, D3S1358, THO1, D13S317, D16S539, D2S1338, D19S433, vWA, TPOX, D18S51, D5S818, FGA, and Amelogenin.

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Disposition of Evidence:

Evidence will be held in the lab pending analysis. Items 20 through 24 have been returned.

Portions of pertinent evidence items have been removed and are being stored at the BCA laboratory. Items 18A, 18B-3a, and the contents of Items 20 through 24 have been retained in their entirety and are being stored at the BCA laboratory.

Distribution: St. Paul Police Department - 2



Nashville General Hospital at Meharry

Metropolitan Nashville Hospital Authority

Our Kidscenter 1804 Hayes Street

Nashville, TN 37203

NAME: UNIT#: 760511 ACCT#: DOB:

MOTHER:

COUNTY: Minnesota

LAW ENFORCEMENT: Det. Woody Ledford

Metro Nashville Police Dept., Sex Crimes Unit

DATE SEEN: 04/28/09 (Nashville General Hospital Emergency Department)

REFERRAL HISTORY:

Our Kids is contacted by Detective Ledford of Metro Nashville Police Department, Sex Crimes Unit, with a history of a 14-year-old female who was taken from the state of Minnesota by adult males. The child is disclosing penile-vaginal penetration by one of the males she considers to be her boyfriend as well as by other males who were with the boyfriend. The last contact was early Sunday morning, 4/26/09. Minnesota police are involved in the investigation and request a medicolegal evaluation.

Beverly Cotton, RN, MSN, CPNP-PC

PRESENTING HISTORY:

was accompanied by Heather Baltz with Metro Nashville Police Department, Sex Crimes Unit. Ms. Baltz reported that is a 14-year-old Somali female who originally is from Minneapolis, Minnesota. Her parents reported her as a runaway on Friday night, 4/24/09. Spent the weekend in Minnesota and then went to Nashville with some males to Nashville on Monday, 4/27/09. They were stopped at a traffic stop today, and was found with four Somali men, who may be gang members. They has disclosed having sex with 7-8 male partners since Friday night. Reportedly, all of the sexual contact occurred in Minnesota. The last sexual contact was Sunday night, 4/26/09. The males in the car were arrested due to contributing to the delinquency of a minor. Will go to juvenile detention to await her parents' arrival from Minnesota. The has reported penile-vaginal penetration and penile-oral penetration by numerous males.

MEDICAL HISTORY FROM CHILD:

willingly accompanied me to the exam room. She appeared tired; however, she made good eye contact. Her hair was tousled, and she wore a black baseball cap. She

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GOVERNMENT EXHIBIT

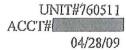
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UNIT#760511 ACCT# 04/28/09

appeared her stated age. was responsive to questions and cooperative with the interview and exam process. Her language and cognitive skills appeared, grossly, average for her age. Her speech was clear. Explanations regading the nature and purpose of the exam were provided to need to ask questions for the purpose of medical diagnosis and treatment was reviewed. Limits of confidentiality were also reviewed, and demonstrated understanding of the explanations provided to her. Anatomy was reviewed. demonstrated accurate understanding of genital anatomy. Regarding general medical history, reported that she has constant pain, burning, and itching in her vaginal area since Monday. She said that last night she had a little bleeding in her vaginal area. She reported that her stomach has hurt since Sunday. reported she occasionally takes Naproxen for headaches. She reported that she smoked marijuana on Saturday and also drank an alcoholic beverage called "E & J" on Saturday. reported no history of broken bones or stitches. She reported that she had her tonsils removed when she was younger. She was hospitalized before when she ran away and had to get a check-up to make sure she was not pregnant reported no problems with her vision, hearing, breathing, or sleeping. reported that she has started menstruating and that she had her last period "a while ago." She uses pads during her reported no history of constipation. cycles. When was asked why she was at the hospital this evening, she said, "I left Minnesota on Sunday, but I ran away since Friday, and I've been having sex with multiple people, and I think I might be pregnant." When was asked how many people she had had sex with, she said, "Around twenty." She said this occurred between Friday and Sunday. When was asked if she knew these males, she said she knew some of them. She then said the names of the men, which included: "Hollywood", his real name is Hagi Filliman, who is 19 years old; Abdi (last name unknown), 19 years old; Yasin (last name unknown), age 18; and Abdul (last name unknown), age 19. not know the names of the other men reported that the last time she had sex was Sunday afternoon, 4/26/09. When was asked if she had any concerns about her body, she said that at the time she had no concerns, but now she is concerned about having sexually transmitted infections and being pregnant. reported penile-oral penetration, penile-anal pentration, penile-vaginal penetration, oral-neck contact, and oral-breasts contact said that some of the men used condoms, but not all of them. reported that the four named men she mentioned all performed the aforementioned sexual acts with her. She reported "pre-ejaculation" and "ejaculation" on her vagina and in her mouth. reported that she has showered since the last sexual contact. When was asked if she had ever had sexual contact before this weekend, she said that 2

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She reported reported that was asked we reported mental healt	the ran away and had sex with a 19-year-old named Jerry (last name unknown). I penile-vaginal penetration and penile-oral penetration by Jerry. It she dated Jerry for 3 months and that then "he got locked up." When they she had run away from home, she reported that her parents are "strict". They are not history of self-harm or suicidal ideation. She reported that she has no history of self-harm or suicidal ideation. She reported that she has no hidagnosis. Ayan reported that she has showered, urinated, defecated, teeth, caten, and drank since the sexual contact on Sunday.
	eparation was conducted, and listened to the information provided. She ecific worries about her check-up and did the exam on her own.
	Cindy Groll, LMSW
MEDICAL	HISTORY:
Minnesota. A her past medi currently taki hospitalizatio	hical history is provided by herself. Her parents are located in attempt to contact the parents by telephone is unsuccessful. In regard to cal history, Ayan reports she has no known drug allergies and is not ng medication. She does not have a primary care provider. She has had no ns, serious illnesses, broken bones, burns, or cuts that needed stitches. She and reports she makes good grades.
some bleeding	a vaginal discharge and is complaining of abdominal and vaginal pain with a noted. Underwent tonsillectomy at age 12. entered menarche 12 years of age; her last menstrual period was in April. She uses pads only
PHYSICAL I	EXAMINATION:
	rt, well-developed, well-nourished, African American female in no acute interactive and cooperative during the physical examination. Present for add Groll.
	normocephalic and atraumatic. pupils are equal, round, and reactive to light and accommodation, EOMI. TMs are gray and translucent with visible landmarks. patent without discharge.

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Neck: supple without lymphadenopathy.

Chest: clear to auscultation bilaterally; breasts are Tanner Stage IV. Cardio: regular rate and thythm without murmut, rub, or gallop.

Abdomen: soft, nuntender, and nondistended with normal bowel sounds and no

hepatosplenomegaly or masses.

Extremities: warm and well perfused without clubbing, cyanosis, of edema.

Skin: smooth, without significant lesions or rashes.

Neurological: grossly intact.

Anagenital Exam: The colposcope is used to aid in the examination, and colposcopic digital images are obtained of the anogenital areas. The remains cooperative. The genital exam is accomplished with the in the supine lithotomy position where she is noted to be Tanner Stage IV. The posterior fourchette and fossa navicularis are impremarkable and attaumatic as is the clitoris and labia minora. Forward labial traction is used to visualize the internal structures where a fissure is noted to the inner aspect of the left labium majora that oozes bright red blood. The hymen is estrogenized. There is a notch at approximately 4 o'clock that does not extend to the base as well as a notch at 6 o'clock that does not extend to the base. Swabs for the rape kit are collected. Cervical and vaginal cultures are also collected. A speculum exam is performed, and the cervical os is visualized. The cervix is friable to touch with a cotton swab. No discharge is noted.

The anal exam is accomplished with the supine knee-chest position. The anal exam reveals normal rugae with positive wink and tone. There is an anal fold at 12 o'clock that flattens with traction. There are no tags, tears, fissures, or other lesions noted in the anal area. Regial cultures and swabs for the rape kit are collected.

Wer mount reveals scattered epithelial cells. No Trichomonads, sperm, or clue cells are noted,

Beverly Cotton, RN, MSN, CPNP-PC

IMPRESSION:

- Medicolegal evaluation for concerns of sexual assault.
- Medical history from the child today describing penile-vaginal contact/penetration, penile-anal contact/penetration, penile-oral contact/penetration, oral-neck contact, oral-breasts contact, and a previous history of penile-vaginal contact/penetration and penile-oral contact/penetration.

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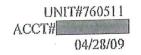
UNIT#760511 ACCT# 04/28/09

- Physical examination, which is within normal limits for the anal portion of the exam. A normal exam neither confirms nor rules out the possibility of sexual contact.
- 4. The genital exam reveals the presence of an acute fissure to the inner aspect of the labium, which is consistent with history of penile-genital penetration.
- The oral exam reveals petechial bruising to the soft palate of the mouth, which
 is consistent with platform pistory of penile-oral penetration.

RECOMMENDATIONS:

- A copy of this report is to be sent to Metro Nashville Police Department, Sex
 Crimes Unit, in care of Detective Woody Ledford: Detective Ledford will forward the report and rape kit to the appropriate authorities in Minnesota.
- Rape kit is collected consisting of one pair pants, one purple-top blood sample, two rectal swabs, two anal swabs, four vaginal swabs, two onter labial swabs, two cervical swabs, and two inner labial swabs and is released to Detective Heather Baltz, Metro Nashville Police Department.
- 3. Cervical cultures for gonorrhea and chlamydia are collected.
- 4. Cervical Aptima screen for gonorrhea and chlamydia is collected.
- 5. Vaginal culture for Trichomonas is collected.
- 6. Oral gonorrhea culture is collected.
- 7. Rectal gonorrhea and chlamydia cultures are collected.
- Urine přegnancý test is collected (negative).
- 9. Serologies are drawn for HIV, Hepatitis B surface Antigen, and RPR. (HIV is negative.)
- To. Plan B, two tablets PO, is administered to prevent pregnancy.
- 11. Zithromax; Ig PO, is administered to prevent chlamydia...
- 12. Rocephin, 125mg IM, is administered to prevent gonorrhea.
- 13. Metronidazole, 29 PO, is administered to prevent Trichomonas.
- 14. Kaletra, 400mg PO, is administered for HIV prophylaxis after explaining HIV risks, PEP side effects and benefits. Ayan consents being placed on IIIV PEP. A 3-day supply (12 tablets) is provided. A prescription is also given for the remainder of the 28 days of prophylaxis.
- 15. Combivir, 1 tab PO, is administered for HIV prophylaxis. A 3-day supply (6 tablets) is provided. A written prescription is also given for the remainder of the 28 days of prophylaxis.

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16.	Discharge sheets and 3-day supply of medication is given to Heather Baltz, will be discharged to juvenile detention center. Written discharge instructions are given with HIV medication benefits and side effects and are explained to mother via telephone. Instructions are given to follow up with a PCP for referral information to an infectious disease specialist for HIV
	PEP follow-up. s mother verbalizes understanding.
17.	Provided brief counseling to and talked with her about getting connected to a counselor in Minnesota to address the sexual abuse allegations.
	. Beverly Cotto
	Beverly Cotton, RN, MSN, CPNP-PC
	Cindy Stole
	Eindy Groll, LMSW

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Nashville General Hospital at Meharry

Metropolitan Nashville Hospital Authority

NAME:	
UNIT#: 760511	
ACCT#:	
DOB:	

MOTHER: COUNTY: Minnesota

LAW ENFORCEMENT: Det. Woody Ledford Metro Nashville Police Dept., Sex Crimes Unit

ADDENDUM: 05/06/09

Telephone call from a pharmacist in Minnesota requesting clarification of the prescription generated in the ED for HIV post-exposure prophylaxis. After the explanation was given to the pharmacist about how to deal with that, I realized that there was an issue if the parent was just getting the prescription filled. Since was seen on 4/28/09, her 3-day supply should have long since been depleted. A request was made of the pharmacist to call me back with the information of whether or not the family had gotten any other medicine prior to presenting this prescription. At the time that the pharmacist called, the family was not responding back to the pharmacy. At that point, I asked the pharmacist to give me a call once they came back and that in the meantime I would check with our infectious disease people, as my thought at the time was that the medication did not need to be filled; that it was inappropriate at this point, since so many doses of the HIV-PEP had not been taken appropriately.

I talked with Kathryn Garguilo with Vanderbilt Pediatric Infectious Disease who said it was pointless at this point for to continue with the medication, as there was no way it could have been given appropriately unless the family stated that they had gotten more medication. The pharmacist never called back before it was time for me to leave, so a call was placed to the child's primary care provider, who had called earlier in the day and talked with Cindy Groll, Our Kids social worker. A call was placed to Dr. Keis in Coon Rapids, Minnesota, to let her know what was going on in case the family called her. She stated that she, too, had talked to her infectious disease folks who said it would be fine for to have the medication. At that point, I requested that Dr. Keis generate that prescription herself, since we clearly had conflicting information on that and would much rather she generate the prescription. Dr. Keis's address was obtained so that relevant medical information (lab work) could be forwarded to her at Dr. Jennifer Keis, 9055 Springbrook, Coon Rapids, MN 55433; telephone (763) 236-U§4.

Sye Ross, APRN, BC-PNP

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DATE

6/16/2009